Menu Substitution Log

Facility: _____ **Dietary Manager:** _____ **Registered Dietitian:** _____

When a planned menu item has to be substituted with another item (of similar nutritive value) please add to this log, RD needs to review and sign off on the substitution upon notification.

Date	B/L/S	Planned Menu Item	Item Substituted	Reason	Staff Initial	RD Initial